

Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزبون: 3002314  
SO No./رقم طلب البيع: 25107202 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800472272 Payment terms/شروط الدفع: Payable  
PO NO./رقم طلب الشراء: KFHT20171-1 Contact Person/شخص الاتصال:  
Invoice No/رقم الفاتورة: 1090002314 Invoice Date/تاريخ الفاتورة: 16.10.2

**INVOICE**

Refer ence رقم البن	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/c VAT السعر الفردى دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Am يعة سريبة
	8000000728	GYC1000K Silver	16.10.2018	1 EA	6,000.00	0%	
	8000000740	YC1800/1600 Silver	16.10.2018	1 EA	6,000.00	0%	
	8000000830	OPHFras-CU Silver	16.10.2018	2 EA	4,500.00	0%	

TWENTY-ONE THOUSAND SAUDI RIYAL ONLY Total 4 Total SAR/شامل الضريبة  
Quantity VAT SAR/القيمة المضافة  
الكمية: Net Amount/مجموع



Hospital / Clinic : <b>King Faisal Hospital &amp; Tach</b>		Telephone :	Date : <b>24-7-18</b>	Invoice#:
Address		Fax :	<input type="checkbox"/> PPM	
		P.O. # :	<input type="checkbox"/> Installation	
		Received thru:	<input type="checkbox"/> Warranty	
		SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :			<input type="checkbox"/> Paid Service	
Model : <b>yc 1800</b>		Serial #: <b>82583</b>	Description <b>Laser</b>	
Problem / Error :				
<p style="text-align: center; font-size: 1.2em;">PPM</p>				
Work Report :				
<p style="text-align: center; font-size: 1.2em;">PPM is done as per check list machine's working good.</p>				
Optical <input checked="" type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>				
Qty.	Part Description			Part #
Warranty Period:				
				Invoice #
	Acceptance Date	1st PM	2nd PM	3rd PM
	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time		
Date	From	To	Total	Unit
Total Travel		Total Work		
Total Expenses:				
Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Engineer		Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Stamp :
Enclosed			Signature :	
Engineer				

( Hotline 9200 - Amico / 9200-26426 )

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Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Abha Branch :

Al Rajhi Center - Khaldiya - Abha - KSA

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Hail Branch :

Hail - KSA

Tel. : +966-16 550 6200



Hospital / Clinic : King Faisal Hospital Taef						Telephone :						Date : 24-7-18						Invoice#:					
Address						Fax :						<input type="checkbox"/> PPM											
						P.O. # :						<input type="checkbox"/> Installation											
						Received thru:						<input type="checkbox"/> Warranty											
						SAP Service Call #:						<input checked="" type="checkbox"/> Contract											
Contact Person :												<input type="checkbox"/> Paid Service											
Model : Cyclono						Serial #: 12846						Description Laser											
Problem / Error :																							
PPM.																							
Work Report : PPM is done as per check list.																							
machine's working good.																							
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																							
Qty.		Part Description										Part #											
Warranty Period:																							
Invoice #																							
Acceptance Date		1st PM				2nd PM				3rd PM				4th PM									
/ / 20		/ / 20				/ / 20				/ / 20				/ /									
Date		/ / 20				/ / 20				/ / 20				/ /									
Travel Time						Working Time						Expenses											
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date			Total								
Total Travel						Total Work						Total Expenses:											
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						<div style="text-align: center;"> المجال العربي مركز العناية الطبية مشرف المهندسين National Qualified Engineer س.ت. ١٠١٠١٥١٨٨٩ - الرياض</div>						Date :											
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												Stamp :											
Enclosed												Signature :											
Engineer																							



Tel. : +966-16-558-6



Hospital / Clinic : <b>King Fahd Hospital Taef</b>	Telephone :	Date : <b>24-7-18</b>	Invoice#:
Address	Fax :	<input type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
Contact Person :	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
		<input type="checkbox"/> Paid Service	

Model : <b>Simplex</b>	Serial #: <b>3880</b>	Description <b>unit</b>
Problem / Error :		

Work Report : **3PM - 3PM is done as per check list machine's working good.**

Optical <input type="checkbox"/>	Ophtha <input type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
Qty.	Part Description					Part #

Warranty Period:						Invoice #
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM	
	/ / 20	/ / 20	/ / 20	/ / 20	/ /	
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ /	

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Work Complete	Yes <input type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input type="checkbox"/>		Stamp :
Enclosed			Signature :
Engineer			